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Application Number

Application First Named Inventor Art Unit Address to: Commissioner for Patents Examiner Name P.O. Box 1450 Alexandria, VA 22313-1450 Attorney Docket Number Please change the Correspondence Address for the above-identified patent application to: The address associated with Customer Number: OR Firm or Manouche Individual Name Address 1002 (she State 479 Country Email Motomedi Telephone 23Y-€d This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or agent of record. Registration Number_ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number Signature Typed or Printed ュカパノ Name 69 Date 13 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below." Total of forms are submitted.

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